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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- The attached application, or
- Application No. \_\_\_\_\_, filed on \_\_\_\_\_
- as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

**Full Name of Inventor(s)**

Inventor 1      Jitesh P. Jani

Signature

Citizen of US

Inventor 2      Jean S. Beebe

Signature

Citizen of US

Inventor 3      Tracey L. Schaeffer

Signature

Citizen of US

Inventor 4      Diane I. Healey

Signature

Citizen of US

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**Full Name of Inventor(s)**Inventor 5      Karen J. FerranteSignature \_\_\_\_\_ Citizen of USInventor 6      James J. O'LearySignature \_\_\_\_\_ Citizen of US Additional inventors are being named on \_\_\_\_\_

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

	<b>Application Number</b>	<b>Not Yet Assigned</b>
	<b>Filing Date</b>	<b>August 19, 2003</b>
	<b>First Named Inventor</b>	<b>Jitesh P. Jani, et al.</b>
	<b>Title</b>	<b>COMBINATION THERAPY FOR HYPERPROLIFERATIVE DISEASE</b>
	<b>Art Unit</b>	<b>Not Yet Assigned</b>
	<b>Examiner Name</b>	<b>Not Yet Assigned</b>
	<b>Attorney Docket Number</b>	<b>PC23311A</b>

I hereby appoint:

 Practitioners at Customer Number

23913

**OR** Practitioners named below:

<b>Name</b>	<b>Registration Number</b>

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.**OR** The address associated with Customer Number**OR**

<input type="checkbox"/>	Firm or Individual Name
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<input type="checkbox"/>	Address
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<input type="checkbox"/>	Address
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<input type="checkbox"/>	City	<input type="checkbox"/>	State	<input type="checkbox"/>	Zip
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<input type="checkbox"/>	Country
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<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Fax
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

<input type="checkbox"/>	Name
--------------------------	------

<input type="checkbox"/>	Signature
--------------------------	-----------

<input type="checkbox"/>	Date
--------------------------	------

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of \_\_\_\_\_ forms are submitted.

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	<b>Not Yet Assigned</b>
	<b>Filing Date</b>	<b>August 19, 2003</b>
	<b>First Named Inventor</b>	<b>Jitesh P. Jani , et al.</b>
	<b>Title</b>	<b>COMBINATION THERAPY FOR HYPERPROLIFERATIVE DISEASE</b>
	<b>Art Unit</b>	<b>Not Yet Assigned</b>
	<b>Examiner Name</b>	<b>Not Yet Assigned</b>
	<b>Attorney Docket Number</b>	<b>PC23311A</b>

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Name	Registration Number

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**OR** Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name      Jean S. Beebe

Signature

Date

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INDICATION FORM**

	<b>Application Number</b>	<b>Not Yet Assigned</b>
	<b>Filing Date</b>	<b>August 10, 2003</b>
	<b>First Named Inventor</b>	<b>Jitesh P. Jani, et al.</b>
	<b>Title</b>	<b>COMBINATION THERAPY FOR HYPERPROLIFERATIVE DISEASE</b>
	<b>Art Unit</b>	<b>Not Yet Assigned</b>
	<b>Examiner Name</b>	<b>Not Yet Assigned</b>
	<b>Attorney Docket Number</b>	<b>PC23311A</b>

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**SIGNATURE of Applicant or Assignee of Record**

Name

Tracey L. Schaeffer

Signature

Date

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	<b>Application Number</b>	<b>Not Yet Assigned</b>
	<b>Filing Date</b>	<b>August 19, 2003</b>
	<b>First Named Inventor</b>	<b>Jitesh P. Jani, et al.</b>
	<b>Title</b>	<b>COMBINATION THERAPY FOR HYPERPROLIFERATIVE DISEASE</b>
	<b>Art Unit</b>	<b>Not Yet Assigned</b>
	<b>Examiner Name</b>	<b>Not Yet Assigned</b>
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**SIGNATURE of Applicant or Assignee of Record**

Name	Diane I. Healey
------	-----------------

Signature	
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Date	
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Name      Karen J. Ferrante

Signature

Date

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**OR**

<input type="checkbox"/> Firm or Individual Name	
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Address	
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Address	
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City		State		Zip
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Country	
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Telephone		Fax	
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**SIGNATURE of Applicant or Assignee of Record**

Name	James J. O'Leary
------	------------------

Signature	
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Date	
------	--

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